



CHANNING (W.)

BUILDINGS FOR INSANE CRIMINALS.

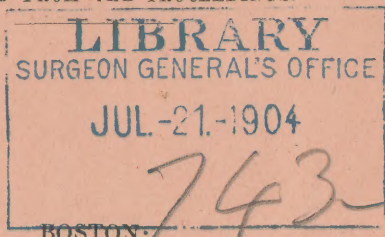
BY

WALTER CHANNING, M.D., BOSTON.

FORMERLY OF THE STATE ASYLUM FOR INSANE CRIMINALS,
AUBURN, N.Y.; AND OF THE STATE LUNATIC
HOSPITAL, DANVERS, MASS.

A Paper read at the Conference of Charities in Chicago, June 11, 1879.

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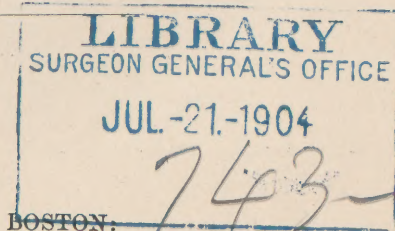
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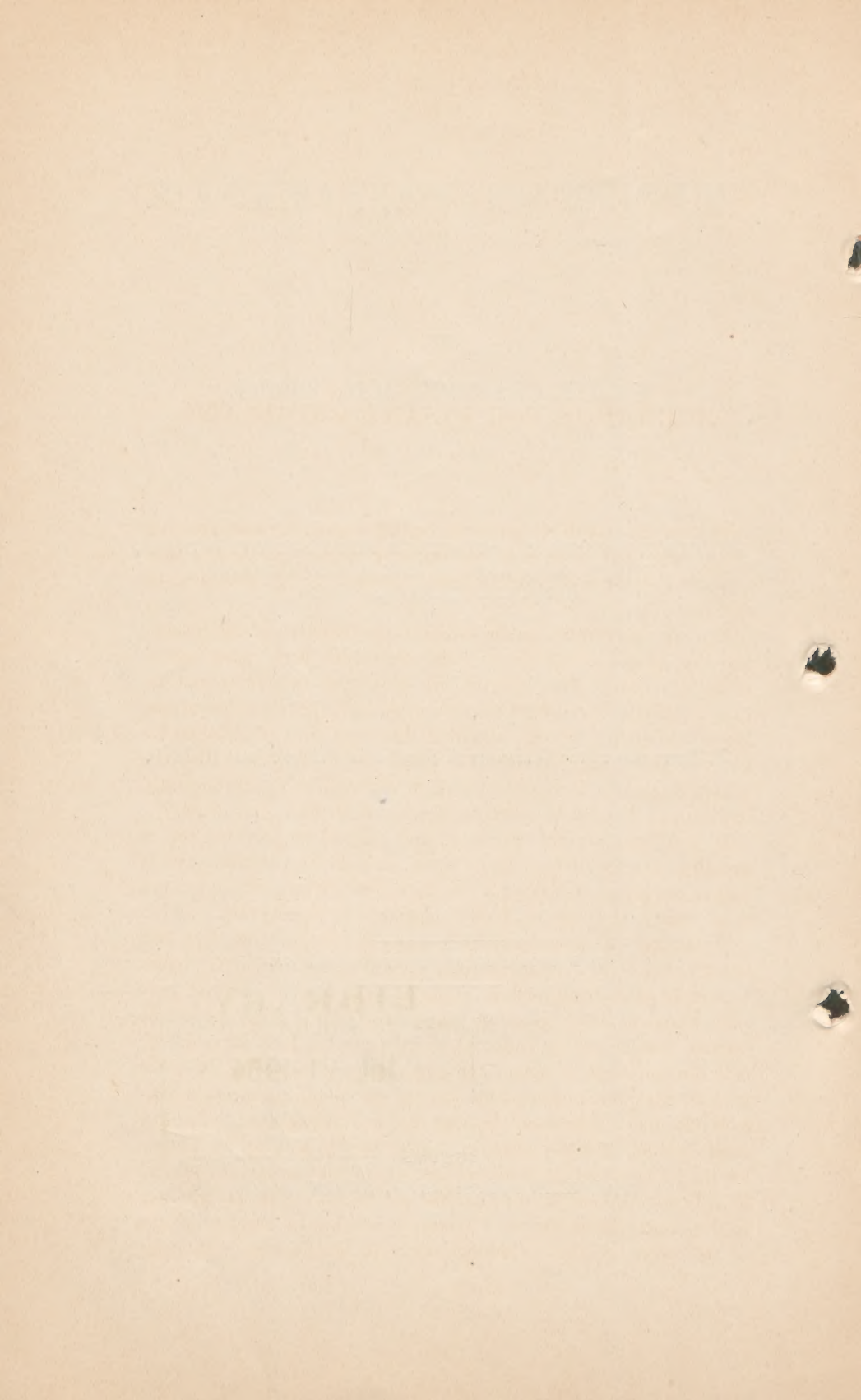
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DURING the last thirty years the evil of associating and treating insane criminals along with the ordinary insane has been a subject of constant and growing public interest, giving rise to much discussion.

Perhaps on no point connected with the treatment of the insane, has the opinion of insane-hospital authorities been more unanimous than this. This opinion has also been largely shared by prison officials, and others conversant with the peculiarities of the insane criminal. Notwithstanding this unanimity of opinion, as yet the Broadmoor Asylum for Criminals in England, and the State Asylum for Insane Criminals in Auburn, N.Y., are the only institutions that exist, *apart from prisons*, for this class *alone*.

It is my opinion that insane criminals should be provided for in buildings erected *exclusively* for them, as soon as possible; and it will be my object in this paper to show, *first*, Why such separation is necessary, and, *second*, How it may best be carried out.

In writing on the subject of insanity in criminals, we find two classes, which, to avoid confusion, we will define, and give a name to, before proceeding further. One of them is that class of persons who committed a crime when sane, and, being convicted, became insane during confinement in prison. This class I will call the *convicted insane*. The other class is composed of those persons who were insane at the time of the committal of the crime, or while under indictment became so, and hence have not been tried. Much difficulty has been experienced in settling on a name for the latter class; for it is said insanity is not a *crime*, the subject of it is not responsible for his acts, and it is therefore an injustice to the insane committer of a crime, to stigmatize him by the use of the word *criminal* in connection with his *disease*. Granting

the abstract justice of such a construction, the *effect* of the act on society remains the same; it must still be regarded as an offence against one of its laws, and it must ever therefore be denominated a *crime*. To modify the name applied to this second class, I propose to speak of them as the *unconvicted insane*, instead of as "the criminal insane," "insane criminals," "criminal lunatics," &c. In speaking of the two classes collectively, I shall use the term, *insane criminals*.

It is a well-known fact, that criminals form a distinct class, mentally, physically, and socially, by themselves. They inherit criminal tastes, as other classes inherit legal or business tastes. "Moral depravity is transmitted through families."¹ Not only are mental weaknesses transmitted, but physical as well. The criminal is the subject of epilepsy, of insanity, of syphilis, and various other physical deficiencies. With this bad heredity he is, from his first entrance into the world, exposed to the worst of influences. In infancy these amount simply to bad hygienic surroundings, poor food, and insufficient care; but, as his mind begins to develop, vice, in its various forms, is the only example set up for him to follow. As a result of this bad environment, combined with great intellectual and moral weakness, we find a character strongly inclined to evil. The impulses of the criminal are bad rather than good; but, being unconscious of this, he yields constantly to them, and in time, therefore, his standard of right and wrong becomes so distorted, that he cannot understandingly distinguish one from the other.

After serving a sufficiently long apprenticeship, the criminal graduates in vice, and is ready for such acts of wickedness as his temperament and education have made him proficient in. These acts are performed with a regularity and method characteristic of ordinary business enterprises. The following illustration shows with what persistency crime is pursued as a business, in spite of the punishment to which the offenders have been subjected: Five hundred and seventy-six criminals were committed to the Scotch prisons 2,874 times; and out of 904 female convicts no less than 440, after long sentences and within eleven years, returned again to prison.² Confinement in prison is a risk which is thought of and calculated on by the criminal, very much as the dangers

¹ J. Bruce Thompson: "Nature of Crime," Journal of Mental Science, 1870.

² Figures compiled by J. Bruce Thompson, medical officer to the General Prison, Perth, Scotland.

of the sea are estimated by the sailor : both are willing to run the risk.

When apprehended, however, and sentenced to prison, the criminal rebels at what he regards as unjust treatment. With his peculiar nervous organization, — irritable, impulsive, yielding to any passing caprice or passion, — physically impaired, in many cases, by disease and prolonged dissipation, and totally unable to discriminate between right and wrong, he is sentenced to prison for what was to him a frequent act, and not a crime. He cannot understand that he is guilty ; and imprisonment is only a just atonement, because, as has been stated by Thompson, “the moral insensibility of criminals is marked by the apparent absence of remorse in high-class criminals, murderers, homicides, infanticides, &c. Of from four to five hundred murderers, only three have ever been known to feel remorse for the heinous crimes of which they have been found guilty.” Despine made a somewhat similar statement when he said “that the moral sense was utterly and invariably absent in criminals who committed deeds in cold blood.” Entering prison with this blunted moral perception, a feeble mind, and a poor physique, the criminal is peculiarly sensitive to the material nature of his surroundings. His moral condition is usually taken no notice of, however, by the prison-officer, who cuts his hair, puts on a prison-suit, and in other ways quickly changes him into the typical prison-convict. Having thus lost his identity as a member of the outside world, he is put to work at what is uncongenial to him. He is given poor food often, sleeps in a cramped and frequently badly-ventilated cell, and, worst of all, is cut off from all counsel, sympathy, and encouragement. He takes but little interest in his work ; neglects it if possible, or performs it in a stupid, dogged manner. He does not endeavor to better his surroundings, but broods over his wrongs. As a consequence of this state of feeling, he sinks into a torpor from which he is not easily roused.

Thus monotonously and wearily pass the days of his imprisonment. His feeble power of reasoning is gradually overcome by the strength of his wayward and embittered thoughts. He loses appetite, and passes sleepless nights. Often he is so absorbed in his own feelings, that he cannot be made to work. This conduct is sometimes supposed by the prison-officials to be wanton rebelliousness, and the convict is punished for disobedience. This, however, produces but little effect ; he persists in the same course

of conduct. He now begins to lose flesh, and show decided signs of declining health. At this juncture, when the man is evidently in failing health, and nothing can be made of his symptoms by the prison-physician, he is called "out of his head" for want of a better diagnosis. Active delusions may be developed, and all the acts of the convict point conclusively to insanity; but, unless acts of violence betray themselves, he is still called only a little "luney," and continued in his cell. If, however, he is the subject of acute and noisy and violent mania, the keepers become alarmed, and transferral to an asylum follows immediately. I have even known convicts to be transferred to the asylum at Auburn who were merely violent, and not insane. My experience has been that convicts are first discovered to be insane when troublesome; and I have but little doubt that large numbers of insane convicts could be found in prisons to-day, whose insanity has never been suspected. Not only are insane men frequently committed to prisons, but also some prison-physicians have but the most limited acquaintance with insanity, and hence are the last persons to recognize the disease.

Thompson, to whom I have already referred, was for many years surgeon to the general prison at Perth, Scotland. Several of the papers written by him show much ability, as well as acuteness of perception in observing the convicts under his charge. He has said that "the principal business of prison-surgeons must always be with mental diseases;" also, that "the treatment of crime is a branch of psychology." These observations have not been verified in my own experience. Most of the convicted insane at Auburn came from the New York State prisons, and many of the certificates accompanying them were marvels of ignorance and incoherence. Sometimes one and the same person would be certified to as the subject of four or five different forms of insanity! Such a want of knowledge is culpable, and it is to be hoped that it is not universal among prison-physicians. I can only indorse the words of Thompson. Our prison-physicians must emulate the example of their English and Scotch brethren, and remember that every prisoner under their charge is a closed book whose pages must be opened and carefully studied.

Having briefly described the condition of an insane convict in prison, I will next follow him to the criminal asylum. Taking the general type of men as admitted to the Auburn asylum while I was connected with it, a much less degree of excitement, confu-

sion, and incoherence was manifest, than in patients admitted to an ordinary asylum. They were reduced in flesh, often painfully emaciated. They looked cowed, and afraid to speak; but often, on being conversed with, were found to talk rationally, if not demented, or naturally too stupid. In the quietness and regularity of their actions, they betrayed no indications of insanity. A degree of depression was generally noticeable, not, however, sufficient to suggest acute melancholia. Some of them were cases of sub-acute melancholia or mania, or melancholia and mania that had already become chronic. Others were cases of dementia; and still other cases could not at first be classified, their prison surroundings had so modified the condition in which they presented themselves. At the same time the easy diagnosis of the disease would be obscured, from the fact that "the very low type of the thoroughly criminal mind, naturally bordering on the unsound state, necessarily weakens the otherwise striking contrast afforded when the threshold of insanity has been crossed."¹

The women—the number of whom is small at Auburn—were, when admitted, in a more excitable and exalted condition than the men. They had had, as a rule, bad reputations when in prison, being turbulent and difficult to manage. Many of them had been subject to the "breakings-out" mentioned by English writers. These were often due to the desire for excitement, or "change even if for the worse."² Often violence was indulged in to bring about the transferral to Auburn. Frequently these "breakings-out" were continued in the asylum. In the conduct of these women there was so much viciousness, so much depravity, so much cunning in planning and carrying out plots of mischievous destructiveness and violence, and at the same time so much rational behavior, that it was often extremely difficult to draw the line between insanity and depravity. Mr. Gover of Millbank prison, states the fact that the rate of insanity is higher among male convicts than females; but, he says, "among the women there is a very large class who have lost self-control. They are free from delusions. Their reasoning power is defective, and they manifest their unsoundness by absurd and violent conduct, and disproportion between acts and motives." It is in these very cases, of course, that a knowledge of psychology, as well as a thorough understanding of the criminal character, are necessary in order that the observer may be able to determine the delicate lights and shades which go toward establishing a satisfactory diagnosis.

¹ David Nicolson, "Feigned Insanity," *Journal Mental Diseases*, 1870.

² Nicolson.

As a rule, the women were of the lowest character, having gradually sunk from one grade of vice to another, until the worst had been reached. The majority of patients at the asylum were young. The report for 1878 states, that, out of 492 admitted since the opening of the asylum, 239 were between twenty and thirty years of age.

As the days and weeks passed on, the men who had been received from the prisons began to show their various individual peculiarities. A large proportion of them were found to be morose and sullen, retaining many of the bad habits acquired both before and after entering prison. But few of them, on first entering, were so acutely and violently insane (though, of course, there was a certain number) that they could not indulge their vicious propensities; and many of them required special care and watching to prevent outbreaks of violence, attempts to escape, &c. Such a small proportion could read, or, if they could, had a taste for such low literature, that very little occupation was afforded by reading, and consequently much more time was left to be otherwise disposed of. This would be passed by the more vicious in grumbling at food, clothing, bedding, and the treatment of officials. This was a habit largely acquired in prison, for the old jail-bird is notorious as an instigator of complaints, and a chronic grumbler on all occasions. A favorite complaint among the convicted insane was that they had been unjustly sentenced to prison, and, by brooding over it, they at last believed themselves that they were innocent. This feeling made them chafe much more at confinement in the asylum than is customary with the ordinary insane, and kept alive an ardent desire to escape, which seems to form an element of the convict's character.

I will now consider the class of the unconvicted insane, as found at the Auburn asylum. The laws¹ of New York state, that "when a person accused of arson, or murder, or attempt at murder, shall have escaped indictment, or shall have been acquitted upon trial, upon the ground of insanity, the court . . . shall carefully inquire and ascertain whether the insanity in any degree continues, and, if it does, shall order such person into safe custody, and to be sent to one of the State lunatic asylums, or to the State Asylum for Insane Criminals at Auburn, at the discretion of the court." This law, which I regard as a wise doing-away with the necessity (for the present, at any rate) of separate hospitals for the con-

¹ Sect. 22, Art. 2, Chap. 446, Laws 1874.

victed and unconvicted insane, sent a certain number of the more well-to-do and influential and perhaps harmless, of this class, to ordinary State asylums. Leaving these out of account, I should say that a higher place in the social scale has been assigned the unconvicted insane, than they are strictly entitled to. About two-fifths of the Auburn patients were unconvicted. Two of these were old women, and perhaps four or five old men, and two or three more, young imbeciles. They were all harmless, and could have been kept at any asylum; but, with these exceptions, I do not at present remember any who were not, on the whole, better adapted to the Auburn institution than to any other. It must not be forgotten that a large number of this class have been dissipated previous to their crimes. I can indorse the following words of Dr. C. F. MacDonald, Superintendent of the Auburn asylum: ¹ "I may state in this connection a fact which has struck me as being noteworthy; namely, that a large majority of the persons who have been acquitted of, or who have escaped indictment for, the acts mentioned, on the ground of insanity, have led immoral lives previous to their insanity, which in many cases is the direct entailment of their immoralities." Such immoral lives would render them highly undesirable inmates of an ordinary asylum.

Among the unconvicted insane were many epileptics, in whom the disease had been entirely unsuspected until some act of terrible homicidal violence revealed its true nature.² This was, perhaps, the most dangerous class in the asylum. Another very troublesome class were those who, having escaped indictment, or being acquitted, were, to all intents and purposes, sane in ordinary asylum life, but still had to be continued as inmates, for the reason that without restraint they would have again become dangerous members of society. For these reasons I feel that the greater number of the unconvicted insane had better be treated with the convicted class. Dr. MacDonald writes me on this point: "As regards the necessity, or desirability, of separate asylums for the treatment of unconvicted criminal lunatics, i.e., apart from convicted lunatics, I reply, that, theoretically, there are certain *social objections* to the mingling of these two classes, but an analysis of the moral and social status of the *unconvicted* cases that have been sent here by order of the courts shows that as a rule such persons

¹ Extract from a letter published in a Report on the Disposition of Insane Criminals, contained in the Annual Report of the State Board of Health of New Jersey, for 1878.

² See the cases of William Chambers, Jacob Standermann, and others, reported in the American Journal of Insanity.

have displayed criminal traits prior to the development of insanity, and this fact removes, or at least modifies materially, the objection which would at first seem unanswerable."

Having thus described a few of the peculiar characteristics of both the convicted and unconvicted insane, more especially while in prison and at the criminal insane asylum, it will be interesting to briefly consider the experience of superintendents of ordinary hospitals for the insane in their treatment. As I have stated at the beginning of this paper, there is an unanimity of opinion as to the desirability of separating the criminal from the ordinary insane. Some superintendents favor the treatment of the *unconvicted* with the ordinary insane, but those advocating this plan, I think, cannot have had a large number under observation. It must be remembered that at best the proportion of the *unconvicted* class is small, and that more of this class are fitted for ordinary hospitals than the convicted; but the facts that (put them in any light we can) they *have* committed *crimes*, that often they have led immoral lives, and that frequently their *mental state*¹ peculiarly adapts them for separation, must *never* be lost sight of.

At the annual meeting of the British Medico-Psychological Association, in 1873, it was moved "that this Association take steps to prevent criminal lunatics being sent to county asylums." The resolution referred particularly to the convicted insane, for the reason that the unconvicted, or "lunatics detained at her Majesty's pleasure," were already provided for at the Broadmoor Criminal Asylum, leaving, therefore, the mass of the convicted to be cared for at the county asylums. Matters have gone from bad to worse in England until there are now over twelve hundred criminal lunatics in the county asylums.² In May of the same year that the above resolution was passed by the English Association, our own Association of Asylum Superintendents passed the following resolution in reference to the "Care of Insane Criminals:—" "*Resolved*, 1. That neither the cells of penitentiaries, nor the wards of ordinary hospitals for the insane, are proper places for the custody and treatment of this class of the insane." In this resolution were embodied the views of our superintendents as a whole. I desire to give in this paper the views of one of their number more in detail, for the purpose of more directly showing the practical difficulties there are to contend against in treating the convicted insane

¹ Suggested by a writer in the January number of the Journal of Mental Science, for 1879, as the test for separation.

² Journal of Mental Science, January, 1879.

in the ordinary hospital. This I can best do by quoting from an excellent letter of Dr. John W. Ward, Superintendent of the New Jersey State Lunatic Asylum at Trenton, N.J., who for some time has had a large number of insane criminals under his charge, and is, consequently, in an admirable position to pass judgment on their treatment. Dr. Ward thinks that the unconvicted insane can be treated with the ordinary insane, to which I must dissent, for the reasons mentioned above.¹

Dr. Ward writes as follows: "We at present (April 3, 1879) have thirty-four of this class (of the convicted insane) under care in this institution; and from actual experience, and not theory, I think I am justified in saying that the present system in vogue, of treating the convict class in an ordinary hospital for the insane, is most unjust and undesirable. Your first question: Are they (the convicted insane) more care than the ordinary insane? Decidedly, if treated in an ordinary hospital for the insane. The custodial care of this class, as you can readily see, is a matter of much greater importance than the care of the ordinary insane. Many of these people are professional housebreakers and thieves, many of them murderers, persons most undesirable to have turned loose on society; and hence the necessity of making special provision for their detention. To do this, and introduce the fewest possible features of a State prison, we have the corridor set apart for this class double-locked, and with a double force of attendants. We have here three or four attendants, as the case may be, to two attendants on a corridor where there are no convicts. The superintendent of a hospital in this State is made amenable, should an escape occur of one of this class, to the same laws, and subject to the same penalties, as the keeper of the State prison. . . . Our hospitals are not constructed for their custody, and it is not desirable to introduce the ordinary features, even, of a prison into a hospital for the sick. They are more care, also, in their treatment apart from the mere custodial care. They are, as a rule, bad people prior to their insanity: the exceptions to this are very few. They are, according to our experience, greatly more quarrelsome, more filthy, and in every way more ungovernable, than the ordinary insane. The proportion of troublesome patients is infinitely greater among the convict class. This is not surprising. Insanity does not usually make saints of those who have led lives of vice.

¹ Dr. Ward's statements apply very generally to the whole class of the criminal insane, according to my experience.

Second, Do they create trouble among the ordinary patients? Yes; in so much that our patients who have rational intervals, or who are convalescent, *frequently complain* of the injustice of having to be classified with persons who have come from the State prisons. . . . Third, Do they endeavor to escape? Yes, as our results show. We have five now among our number of convicts who are constantly on the alert, and whom we have to keep under almost constant surveillance. Of the forty-six, the whole number received since the passage of the act compelling us to take this class, no less than *seven* have made their escape, notwithstanding all our watchfulness."

From a consideration of what I have above written, it is evident, —

1. That criminals, as a class, differ from all other classes in the community.
2. That insanity occurring in prison presents a type of disease markedly differing in its manifestations from that ordinarily observed in the outside world.
3. That the convicted insane should never be treated in ordinary hospitals for the insane.
4. That the unconvicted insane should only in exceptional cases be treated in ordinary hospitals for the insane.

Various opinions are at present entertained as to the best means of separation. In the large States there is no doubt that separate hospitals at some central point would be most advantageous. In time there might be a further subdivision, and such States as New York, Pennsylvania, and Illinois could each have a hospital for the convicted insane and the unconvicted insane. This example the smaller States could hardly ever hope to follow; and in some of them the time is far distant when a hospital for both classes will be necessary. The erection of separate hospitals in each State must depend exclusively on the number of the criminal insane. Dr. Ward, from whom I have already quoted, says on this point: "The only way to properly care for insane convicts would be the erection of a separate hospital. Whether the hospital should be within the prison-enclosure, on the grounds of the State Hospital for the Insane, or be entirely separate and apart from either, would have to be decided by the peculiar circumstances connected with each case. In our own State (New Jersey) we have not a sufficiently large number to warrant the erection of a separate hospital under a separate management. Economy is against this.

But I do most earnestly advocate a separate building within the prison-enclosure if possible; but if not, let it be upon our own grounds rather than not have it at all. In those States where the number will warrant it, there should be a special building entirely apart and distinct from either hospital or prison." Dr. C. F. MacDonald, of the Auburn Asylum, says on the same subject: "I may say that my experience in the treatment of both classes of the insane, criminal and ordinary, has fully convinced me of the wisdom of providing separate institutions for the treatment of criminal lunatics."¹

Dr. Eastman writes in a letter to Mr. F. B. Sanborn, from the new State Hospital at Worcester, Jan. 13, 1879 (being at that time superintendent of the hospital), that "the insane department of the State prison should provide for insane convicts, whether sentenced to prison, or the house of correction. For the criminal insane, I would provide at the State prison or the lunatic-hospitals according to the circumstances of each case. If the numbers warranted it, a suitable and special institution for insane convicts and so-called criminal insane would be the best provision for these classes."

Dr. Park, the present superintendent of the new State Hospital at Worcester, in a letter written to Mr. Sanborn in January last favors separate provision for insane criminals, and says: "In addition to a building, or portion of a building, sufficiently secure for the safe-keeping of this class, I think there should be an enclosed space out of doors where the patients could obtain air and exercise. Eight or ten acres, surrounded by a high fence or wall, would be enough for a hundred and fifty patients." Dr. Brown, superintendent of the Taunton State Lunatic Hospital, writing also to Mr. Sanborn, thinks that "the criminal insane should be taken care of either in an establishment especially for them, or in a department by themselves, connected with one or more of the present hospitals, where systematic labor could be provided and made compulsory for such as are able to work. Such an arrangement would seem to me but just to our insane in the hospitals who are *not* criminals."

It will be seen that several of these gentlemen, for very excellent reasons of expediency, though in favor of separate buildings, are willing to compromise by using a separate building connected with the hospital or prison. Such partial separation is not, to my mind, sufficient; for, in order to give the insane criminal *all* the

¹ From quotations already made from Dr. MacDonald, it will be seen that he includes both the convicted and unconvicted insane in the expression "criminal lunatics."

benefits of a treatment peculiarly suited to him, he must be removed from all the surroundings and influences of a prison or hospital. If treated in a building connected with an ordinary hospital, he not only may still exert a prejudicial influence on the inmates of the institution, but he cannot also receive that amount of care and attention, or be given the liberty and freedom of action, that he is entitled to. *He still belongs to an exceptional class.* If treated in a special department of a prison, it is even worse. Here he can *never* get out of the prison atmosphere; he is confined, watched, suspected, and remains a convict rather than a sick man. The intelligent treatment of the psychologist in prison he cannot, in this country, expect to have, neither can his hygienic surroundings — food, amusements, occupation, &c. — be such as the nature of his disease imperatively demands. For these reasons, I would urge the imperative necessity of treating all insane criminals, in all States, in hospitals, *separate, entirely distinct, and remote from prisons.*

Several of the small States can build criminal asylums, and take the insane criminals of the neighboring small States as boarders. The small States now having the largest number of insane criminals would naturally be the ones to undertake the erection of these hospitals. It has often been suggested that several small States could unite, and together build a criminal asylum; but such an arrangement might result in a clashing of interests, a difference of opinion as to management, and a want of harmony, that would eventually lead to most undesirable complications.

If the number of insane criminals could be accurately determined in each of the States, it would be much larger than is generally supposed. Massachusetts furnishes a good illustration of this, as may be partially shown from the following table:¹ —

NUMBER OF INSANE CRIMINALS IN MASSACHUSETTS HOSPITALS,
JAN. 1, 1879.

	CONVICTED.		UNCONVICTED.		Total.
	Males.	Females.	Males.	Females.	
Old Worcester Hospital . . .	3	—	—	—	3
New Worcester Hospital . . .	14	5	9	—	28
Northampton Hospital . . .	14	—	1	—	15
Taunton Hospital . . .	16	—	18	—	34
Danvers Hospital . . .	2	2	—	—	4
Grand total . . .	49	7	28	—	84

¹ The data for this Table were kindly furnished me by Mr. F. B. Sanborn.

To our surprise, we see that there are, in our insane-hospitals alone, eighty-four patients who have committed crimes when sane or insane. If to this number we were to add all persons in our jails, State-prisons, reformatories, &c., who, on a careful examination, would undoubtedly be found insane and proper subjects for hospital treatment, the number could be easily brought up to one hundred, at the least. Such a large number would not only serve as a nucleus for a special hospital, but is in itself sufficient justification for the immediate erection of such a building in Massachusetts, even if no other States would be able to furnish inmates. Under the circumstances it would seem to me best that Massachusetts should build a hospital for insane criminals, with accommodation for two hundred patients. After transferring all insane criminals, at present inmates of the ordinary hospitals and other institutions, insane criminal boarders from adjoining States could be received until the hospital was full. And such boarders could continue to be received until the number of insane criminals in Massachusetts required all the space. It is to be sincerely hoped that we shall never have so large a number in the State; but, as our population increases, and the subject of criminal insanity is better understood,¹ it is highly probable that it will some day be reached.

The hospitals for insane criminals should be organized after the manner of ordinary State hospitals; that is, it should have a board of from three to five trustees. One or two of these should have a knowledge of insanity; and, if possible, one of the others should be chosen from the Board of Prison Commissioners, Prison Managers, or other prison authorities. A board so constituted would bring experience to the work, and be able to consider the question of management understandingly from both sides. The criminal asylum at Auburn has no board of managers, but is under the supervision of the Superintendent of State Prisons. While this plan at present works admirably, Dr. MacDonald has recommended that the organization should be similar to that of ordinary hospitals for the insane.

For the site of the hospital, a moderate-sized farm, on a main line of railroad, but some distance back in the country, should be selected. I regard a farm as of great importance in treating the

¹ Dr. Earle thinks that most of the convicted insane at the Northampton Hospital, of which he is superintendent, were insane before sentenced to prison. It is an undoubted fact, that, from defective knowledge of insanity, lunatics are often sentenced to prison.

criminal class, for the reason that a vast amount of evil-disposed energy can be disposed of by healthful out-door work. Not only can the partially broken-down constitutions of this class be restored by such work, but, being unskilled in other kinds of more complex labor, and being as a rule illiterate, and so cut off from intellectual resources, we find in farm-work a mode of employment peculiarly adapted to them. If one wing only of the hospital were built before occupancy, much of the remaining work could be done by the patients; for, although unskilled in labor, insane criminals are, under proper discipline, even better workers than the ordinary insane.

The sexes should not be treated in one building together; but, if a sufficient number of females were to be found, they should be provided for in a block entirely isolated from the other buildings. A provision of this kind would be an absolute necessity, as the animal passions of female and male insane criminals are under little control; while the services of each sex would be much more available in separate buildings.

In erecting the buildings, *security* is a point to which great importance should be attached. The insane criminal, being an offender against the laws of society, though not to be punished, must be held as a prisoner; and, the more absolute the certainty that he will be held, the greater is the protection to society. The criminal is at the same time benefited, as he can be granted many privileges impossible in an ordinary hospital. The building should be constructed of brick, the walls and partitions being of strong masonry, and rendered, if possible, fire-proof. There should be a large number of small wards, both for the convenience of a varied classification, and the easier management of a small number of patients. One ward should be constructed with a view of holding that portion of the patients especially prone to escape. In this ward the wood-work should be stronger, and the windows more securely guarded, than in the other wards. There should be a set of "strong-rooms," for supposed feigners and the violent and destructive class. Dr. MacDonald has adopted the plan of "sheathing" one or two rooms in his asylum with heavy oak-planking, and has then coated the sheathing with wood-filling. Such a room can be made so strong that no person without unusual tools can break out, and it is furthermore unprison-like, even attractive, in appearance, resembling a wainscotted English room. In several of these rooms there should be "observation-holes" in

the ceiling, for the purpose of watching a supposed feigner without his knowledge. The wards must be very cheerfully furnished, and contain as many pictures, flowers, or other ornaments, and as much furniture, as circumstances will allow. The patients' rooms should be large and airy and very plainly furnished, a good bedstead and bedding being the main articles allowed. There will be individual cases, of course, where more elaborate arrangements can be made.

There should be at first extensive airing-courts or exercise-yards, surrounded by high wooden fences; but in time these should give place to a high stone wall, or iron fence, which, if possible, should surround completely the hospital-farm. The whole farm will thus be made into an enclosed yard, in which many of the patients may be allowed to wander about with comparatively little watching.

The number of attendants must necessarily be large, for on them will largely depend the success of the institution. One attendant to five patients will be the proper proportion. Many of these, of course, can be employed through the day on the farm, overseeing and helping the patients.

Of the first importance in the criminal hospital is *rigid discipline*. By these words I do not mean a system of punishments, close confinement, short rations, &c., such as would be found in a prison, but rather an observance of numerous rules founded on a knowledge of the character of the insane criminal. This character is as wanting in the element of self-control as that of a child, and hence the insane criminal must be governed and led like a child. Furthermore, his evil propensities, by a cautious and judicious management, can be largely checked and curtailed. How much may be accomplished by proper treatment, may be seen at Auburn, where the worse class of the insane give but comparatively little trouble, and are subjected to a minimum of mechanical restraint,¹ and yet are as comfortable and contented as patients in an ordinary hospital for the insane. We find the patients well fed and clothed, and receiving the most thorough medical care; but combined with this treatment there is exercised an amount of disciplinary care, without being obtrusive, which would be impossible in an ordinary hospital. As illustrations of this, I may mention the following examples: wearing a uniform dress, which, however, is not a uniform; retiring at seven P.M., summer and winter; using no tobacco; carrying no knives, and, as a rule, using none at table; being thoroughly searched when entering the wards from out of

¹ Often no patient can be found restrained for long periods.

doors; using no furniture in the rooms beside a bed, &c. These and other simple regulations the patients readily yield to, and are thereby happier themselves as well as more manageable. It is but proper to state in this connection, that the wards of the Auburn Asylum are to-day as bright and cheerful and attractive as any I have seen in twenty hospitals, and the diet *better* than is furnished in some State hospitals.

Insane criminals, being, as I have before stated, remarkably deficient in general education, require more amusement than the ordinary insane. With amusements, a useful system of teaching could be combined. Evening classes could be formed for instruction in reading, writing, music, &c. Even if only a rudimentary knowledge were thus acquired, it might in a few cases lead to some good results after the discharge of the patient, and would at least afford occupation for many idle hours in the hospital. There should be a large and pleasant amusement-room, where the classes could also recite their lessons, practise music, &c. It should be understood that the patients' conduct would guide the superintendent in allowing the privileges of this room to be enjoyed.

Much more might be written if space allowed. I bring my short and imperfect paper to a close, with the earnest hope, that, before another year has passed, decided steps will be taken in at least some of the States to provide proper hospitals for their insane criminals.

